04/16/2009 15:10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Ot	ner inan An	Autnoriz	ea Comm	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAE PE OR PRINT	_	xample:If typi ver the lines	ng, type				
L	American Optometric Associ	ation Poli	tical Action Comr	nittee						
Ш										
AD	DRESS (number and street)	1505	Prince Street	1 1 1	1 1 1 1		1 1 1		1 1 1	1
A	,	Suite	300							
	Check if different than previously reported. (ACC)	Alexa	andria				VA	223	314 -	
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛕			STATE	Z	IPCODE ,	4
	C00024968			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	. ,	Monthly Report Due On:	Feb 20 (M		May 20 (M5) Jun 20 (M6)	H	Aug 20 (M8) Sep 20 (M9)	Dec (No	/ 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
	April 15	-	X	Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	Jan	31 (YE)
	Quarterly Report(Q1) July 15	((c) 12-Day		Primary (12P)		General (12G)		Rur	noff (12R)
	Quarterly Report(Q October 15 Quarterly Report(Q		Report for the		Convention	n (12C)	Spec	ial (12G)		
	January 31 Quarterly Report(Y		E	Election on					n the State of	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	" `	(d) 30-Day Post -Elect Report for the		General (3	30G)	Runc	off (30R)	Spe	ecial (30S)
	Termination Report (TER)		E	Election on			• •		n the State of	
5.	Covering Period 0.3	3 (01 200	9	through	03	3 1	2009		
	ertify that I have examined this I be or Print Name of Treasurer		nd to the best of normas E. Nye, O.D		e and belief it	is true, correct	and compl	ete.		
Sig	nature of Treasurer Ele <u>ctro</u>	nically Fil		E. Nye, O.E				04 16	200	
NO	TE : Submission of false, error	neous, or	incomplete infori	nation may s	subject the pe	erson signing th	is Report to	1		
	Office Use			İ				1	FORM 3	Х

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R		0 3 0 1 Y Y Y Y Y 2 0 0 9	To: 0 3 3 1 7 9 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009 Y Y		376610.34
	(b) Cash on Hand at Begining of Reporting Period	388406.78	
	(c) Total Receipts (from Line 19)	47658.28	194309.49
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	436065.06	570919.83
7.	Total Disbursements (from Line 31)	63573.94	198428.71
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	372491.12	372491.12
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M M M O 3 D D D O 1 P Y Y W Y Y W Y TO:

To:

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C (a	ontributions (other than loans) From:) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	30485.43	122528.22
	(ii) Unitemized	17151.00	71719.67
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	47636.43	194247.89
(b) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47636.43	194247.89
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
	Federal candidates and Other olitical Committees	0.00	0.00
	ther Federal Receipts Dividends, Interest, etc.)	21.85	61.60
_	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	47658.28	194309.49
	otal Federal Receipts ubtract Line 18(c) from Line 19)	47658.28	194309.49

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. O (a	perating Expenditures: —) Shared Federal/Non-Federal		
(0	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) Non-Federal Share	0.00	0.00
(b	, , ,	3073.94	6928.71
(c	Expenditures	3073.34	0320.71
`	(add 21(a)(i), (a)(ii) and (b))	3073.94	6928.71
	ransfers to Affiliated/Other Party	0.00	0.00
3. C	ommitteesontributions to	0.00	0.00
Fo ar	ederal Candidates/Committees	60500.00	185000.00
	dependent Expenditure	0.00	0.00
5. C	oordinated Expenditures Made by Party	3.00	0.00
C (u	ommittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
6. Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
8. R (a	efunds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
/1-) Delitical Books Committees	0.00	0.00
(b (c	í	0.00	0.00
(-	(such as PACs)	0.00	0.00
(0	′	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. O	ther Disbursements	0.00	6500.00
80. F	ederal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i euclai Silaie		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1. T	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	63573.94	198428.71
	Total Federal Disbursements		
,	subtract Line 21(a)(ii) and Line 30(a)(ii)	62572.04	100400 74
11	rom Line 31)	63573.94	198428.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	47636.43	194247.89
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	47636.43	194247.89
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3073.94	6928.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3073.94	6928.71

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	I Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Maury M Kessler		Date of Receipt
Mailing Address 7747 East Tarde Dr		03 / 03 / 2009
City	State Zip Code AZ 85255-4824	Transaction ID: 29458210
Scottsdale FEC ID number of contributing federal political committee.	AZ 85255-4824	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Annette L Hanian		Date of Receipt
Mailing Address 4717 E Berneil Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 29458212
Phoenix	AZ 85028-5506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr Thomas Wilson		Date of Receipt
Mailing Address 653 F. Cottonwood		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 29458214
Casa Grande	AZ 85222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of Detailed Summary P	the (Crieck Grilly Grie)
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Neil W Kemp Mailing Address 20 N Pond Road City Cheshire FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CT 06410-1246 C	Date of Receipt 0 3 0 3 2 0 0 9 Transaction ID: 29463904 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr Kenneth K Morse Mailing Address 1104 S Missouri Av	enue	Date of Receipt 0 3 0 3 2 0 0 9
City	State Zip Code	Transaction ID: 29463906
Casper	WY 82609-2828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr Thomas Matthew Bobst		Date of Receipt
Mailing Address 21285 Avalon Drive	•	03 03 2009
City	State Zip Code	Transaction ID: 29463907
Rocky River	OH 44116-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	I)	1150.00

ITE	EMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 47 (check only one) X 11a
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and ad	dress of any political committee t	o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Dr Gary James Avallone Mailing Address 144 Fox Run St City West Monroe FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 71291-8137 on f Optometry e Year-to-Date ▼	Date of Receipt 0 3
B	Other (specify) Full Name (Last, First, Middle Initial) Dr Peter J Cass Mailing Address 925 Goodhue Road City Beaumont FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	. '	Zip Code 77706-6229 on f Optometry e Year-to-Date ▼	Date of Receipt M M M O O O O O O O O O O O O O O O O
C	Other (specify) Full Name (Last, First, Middle Initial) Dr Jeffrey S Williams, Jr Mailing Address P O Box 463 City Southold FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	_ '	Zip Code 11971-0463 on of Optometry e Year-to-Date 249.99	Date of Receipt M M M O B O B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	JBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number			1583.33

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In American Optometric As	er than using the name and a Full)	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr Barbara L Horn Mailing Address 61269 Co City Washington FEC ID number of contributin federal political committee. Name of Employer Self Employed	State MI G Occupat	Zip Code 48094-1746 ion of Optometry	Date of Receipt 0 3
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date 568.18	
Full Name (Last, First, Middle Dr Lori Ann Youngman Mailing Address 4535 Nw	Aspen St		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Camas FEC ID number of contributin federal political committee.	State WA	Zip Code 98607-8302	Transaction ID: 29492115 Amount of Each Receipt this Period 166.67
Name of Employer Self Employed Receipt For: Primary Gene Other (specify) ▼	Aggrega	of Optometry te Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Dr Mark J Cook Mailing Address 5698 More	Initial) untain Road		Date of Receipt 0 3 0 9 2 0 0 9
City Brighton FEC ID number of contributin	State MI	Zip Code 48116-9732	Transaction ID: 29492116 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupat	ion of Optometry	100.00
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date 380.00	
SUBTOTAL of Receipts This P	age (optional)		425.76

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>I</u>	Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst Mailing Address 14 Bittersweet Dr City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
ı	Alexandria FEC ID number of contributing ederal political committee.	C	41001-1300	Amount of Each Receipt this Period 500.00
_	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	f Optometry e Year-to-Date ▼ 500.00	
3 . _	Full Name (Last, First, Middle Initial) Dr Joe Gregg Prell Mailing Address 545 Reed Street			Date of Receipt 0 3 0 5 2 0 0 9
	City Reedsburg	State WI	Zip Code 53959-1302	Transaction ID: 29492404 Amount of Each Receipt this Period
- I	FEC ID number of contributing ederal political committee.	C	33300 1002	300.00
1	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
. !	Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman Mailing Address 451 Swanzey Lake Ro	pad		Date of Receipt
-	City	State	Zip Code	0 3 0 5 2 0 0 9 Transaction ID: 29492405
	W Swanzey	NH	03469	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		300.00
]	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Ī	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 300.00	
SU	BTOTAL of Receipts This Page (optional) .	1		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Joanne Hendrick		Date of Receipt
Mailing Address Po Box 509 City	State Zip Code	0 3
Monument	CO 80132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Dennis Keith Neely		Date of Receipt
Mailing Address 4309 Irvin Drive		03 / 05 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code	Transaction ID: 29492416
Midland	TX 79705-9712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr John W Heltsley		Date of Receipt
Mailing Address 405 Warwick Way		03 / 09 / 4 2009
City	State Zip Code	Transaction ID: 29498646
<u>Hopkinsville</u>	KY 42240-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		2800.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	2800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 47 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
Mailing Address 1346 Heller Drive			03 10 2009
City	State	Zip Code	Transaction ID: 29503740
Yardley	PA	19067-2714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		66.67
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General	. '	Year-to-Date ▼	1
Other (specify) ▼	0 0	200.01	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis	•		Date of Receipt
Mailing Address 179 Wood Trace			03 / 10 / 2009
City	State	Zip Code	Transaction ID: 29503757
Benton	KY	42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper			Date of Receipt
Mailing Address 101 Chandler West			03 10 2009
City	State	Zip Code	Transaction ID: 29503758
<u>Highland</u>	CA	92346-5482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			333.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci Mailing Address 8315 Holbrook Ct City	Ne State Zip Code	Date of Receipt M
Albuquerque FEC ID number of contributing federal political committee.	NM 87122-3841	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Hw	y 28 W	Date of Receipt 0 3 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 29503763
Magee	MS 39111-5187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont C	ircle	Date of Receipt
City	State Zip Code	0 3 1 0 2 0 0 9 Transaction ID: 29503765
<u>Kingsport</u>	TN 37660-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
SUBTOTAL of Receipts This Page (option		273.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 47 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Christopher Barry			Date of Receipt
Mailing Address 910 N 32Nd Street			03 10 2009
City	State	Zip Code	Transaction ID: 29507622
Renton	WA	98056-2131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 40 Pin Oak Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29512114
Littleton	CO	80127-4327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Rand William Siekert			Date of Receipt
Mailing Address 6800 North Montezuma	a Drive		03 06 YYYYY 03009
City	State	Zip Code	Transaction ID: 29512167
Tucson	AZ	85718-2432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Oetailed Summary Page	FOR LINE NUMBER: PAGE 15 / 47 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	the name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dwight L Avery Mailing Address 138 Pine Trail			Date of Receipt
City London FEC ID number of contributing	KY	Zip Code 40744	Transaction ID: 29512170 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Op	tometry	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell Mailing Address 6911 Burlwood Driv	e		Date of Receipt 0 3 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: 29521039
Anchorage	AK	99507-2422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Self Employed	Occupation Doctor of Op	tometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 252.00]
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner	•		Date of Receipt
Mailing Address Box 1669			03 12 2009
City		Zip Code	Transaction ID: 29521042
Kenai FEC ID number of contributing federal political committee.	C	99611-1669	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of Op	tometry	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optiona	l)		1168.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer			Date of Receipt
Mailing Address 1345 West 9Th Avenue	Э		03 12 2009
City	State	Zip Code	Transaction ID: 29521046
Anchorage	AK	99501-3219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Dr Thaddeus O Daniel			Date of Receipt
Mailing Address 4635 Clearview Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29521060
Oneida	WI	54155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski			Date of Receipt
Mailing Address 305 Kensington Ave S			03 12 7 2009
City	State	Zip Code	Transaction ID: 29539818
Kent	WA	98030-7004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			834.00

[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statement of the st		Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 17 / 47 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli Full Name (Last, First, Middle Initial)		· ·	
Α.	Dr Dori M Carlson Mailing Address P O Box 0			Date of Receipt 0 3 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 29541930
	Park River FEC ID number of contributing federal political committee.	ND C	58270	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr Robert J J Blumthal Mailing Address 119 Exmore Drive			Date of Receipt 0 3 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 29541967
	<u>Springfield</u>	IL	62704-3137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.35
	Name of Employer Self Employed Receipt For:	. '	n f Optometry e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	625.05	
с. С.	Full Name (Last, First, Middle Initial) Dr John Wayne Buck			Date of Receipt
	Mailing Address 1202 Cedar			03 13 2009
	City Crossett	State AR	Zip Code 71635-3616	Transaction ID: 29545428
	FEC ID number of contributing federal political committee.	C	71033-3010	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1708.35

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 47 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr G. Chad Green Mailing Address 5960 Co Rd 19		Date of Receipt 0 3 1 4 2 0 0 9
City <u>Linden</u> FEC ID number of contributing	State Zip Code AL 36748	Transaction ID: 29549455 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Joseph J Jordan, Jr Mailing Address 224 Laconia Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29549456
<u>Tilton</u>	NH 03276-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Dr Henry B Samson		Date of Receipt
Mailing Address 38 Peck Hill Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29549576
Woodbridge FEC ID number of contributing federal political committee.	CT 06525	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	766.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Richard G Jarvis Mailing Address 14 Hanks Hill Road	1	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Westminster FEC ID number of contributing	State Zip Code MA 01473-1624 C	Transaction ID: 29550464 Amount of Each Receipt this Period 375.00
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr J. James Thimons, Jr Mailing Address 165 Stella Lane		Date of Receipt 0 3 1 1 2 0 0 9
City Fairfield	State Zip Code CT 06824-1634	Transaction ID: 29550468
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Sally B Bodenhamer Mailing Address 7010 Spring Park [Drive	Date of Receipt 0 3 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 29550470
Jefferson City FEC ID number of contributing federal political committee.	MO 65109-3345	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any persodress of any political committee to	
American Optometric Association Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Dr David P Guhl			Date of Receipt
Mailing Address 5170 Wild Rose Land	e		03 / 11 / 2009
City	State	Zip Code	Transaction ID: 29550477
Colorado Sprngs	CO	80918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:		Year-to-Date ▼	\neg
Primary General Other (specify) ▼	1.55.554.6	500.00]
Full Name (Last, First, Middle Initial) Dr Staci Perea Mc Mullen	1		Date of Receipt
Mailing Address 13886 Single Leaf Ct	t		03 11 2009
City	State	Zip Code	Transaction ID: 29550478
Colorado Sprgs	CO	80921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Bruce D Burns			Date of Receipt
Mailing Address 19007 N 13Th Place			03 11 2009
City	State	Zip Code	Transaction ID: 29550479
Phoenix	AZ	85024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any perso the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>'</u>	ontion / onon committee	
Full Name (Last, First, Middle Initial) Dr Randy E Waddell		Date of Receipt
Mailing Address P O Box 725		03 11 2009
City	State Zip Code	Transaction ID: 29550481
Greybull	WY 82426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Larry J J Bonderud		Date of Receipt
Mailing Address 497 Ohaire Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29550483
Shelby	MT 59474-1960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Mark Robert Hanson	_ L	Date of Receipt
Mailing Address 2705 Butler Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29550485
Arlington	TX 76012-5362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	400.00	
		2765.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 47 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff Mailing Address 3537 Newcastle Dr Se City Rio Rancho FEC ID number of contributing federal political committee.	State Zip Code NM 87124-3672	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	_
Full Name (Last, First, Middle Initial) Dr James H Sawyer Mailing Address Rt 6 Box 1650 City Monticello FEC ID number of contributing federal political committee.	State Zip Code KY 42633-1440 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Hunter Bond Mailing Address 8156 Harris Road	Chate Zin Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Denham Springs FEC ID number of contributing federal political committee.	State Zip Code LA 70726-6728 C	Transaction ID: 29553448 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	>	850.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr Mailing Address 3421 Kachemak Circ	le		Date of Receipt 0 3 18 2 0 0 9
	City Anchorage	State AK	Zip Code 99515-2380	Transaction ID: 29555273
	FEC ID number of contributing federal political committee.	C	99313-2300	Amount of Each Receipt this Period 84.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date ▼ 252.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Michael Robert Schmit Mailing Address 5122 Breckenridge D	rive		Date of Receipt 0 3 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 29556061
	Cincinnati	OH	45247-3306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		240.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	-, '	Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Dr Patrick N Reber Mailing Address 9650 Etolin Circle			Date of Receipt 0 3 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 29556181
	Eagle River FEC ID number of contributing federal political committee.	C	99577-8787	Amount of Each Receipt this Period 55.55
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 223.55	
	SUBTOTAL of Receipts This Page (optional)			379.55

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and addr	not be sold or used by any person ess of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association P	Political Action C	ommittee	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
Mailing Address 9940 S Ashleigh Wa	ay		03 19 7 7 9 9
City	State	Zip Code	Transaction ID: 29561985
Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		181.81
Name of Employer Self Employed	Occupation	Optometry	
Receipt For:	 	Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	363.62]
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping			Date of Receipt
Mailing Address 1801 Creekside Dr			03 19 2009
City	State	Zip Code	Transaction ID: 29561990
Friendswood	TX	77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		181.82
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 363.64	
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping			Date of Receipt
Mailing Address 1801 Creekside Dr			03 19 2009
City	State	Zip Code	Transaction ID: 29561991
Friendswood	TX	77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		181.82
Name of Employer Self Employed	Occupation Doctor of	Optometry	7
Receipt For:	Aggregate \	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	363.64	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff Mailing Address 114 Crested Peak		Date of Receipt 0 3 2 3 2 0 0 9
City Santa Teresa	State Zip Code NM 88008-9423	Transaction ID: 29572604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.36
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 222.72	
Full Name (Last, First, Middle Initial) Dr Martha Greenberg Mailing Address 181 Windsor		Date of Receipt 0 3 1 9 2 0 0 9
City	State Zip Code	Transaction ID: 29572686
Russellville	AL <u>35653</u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Abie R Chadderdon Mailing Address 2005 Timberline Ro		Date of Receipt 0 3 2 3 2 0 0 9
City	State Zip Code	Transaction ID: 29575916
Marshalltown	IA 50158-3865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Possints This Poss (entions	l)	1086.36

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than under the NAME OF COMMITTEE (In Full) American Optometric Association	is and Statements may not be sold or used by any personsing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks Mailing Address 419 Bogart Roa City Sandusky	d East State Zip Code OH 44870-6404	Date of Receipt 0 3 2 4 2 0 0 9 Transaction ID: 29579173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.01	166.67
Full Name (Last, First, Middle Initial) Dr Dennis M Brtva Mailing Address 57 Pebblebrook City Bloomington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	Ct State Zip Code IL 61705-6300 C Occupation Doctor of Optometry Aggregate Year-to-Date 255.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Brian J Blount Mailing Address 5830 N. Circuit City Beaumont FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77706-4428 C Occupation Doctor of Optometry Aggregate Year-to-Date 363.64	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opt	ional)	433.49

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITT			son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Dr John Charles Flemi Mailing Address 34			Date of Receipt 0 3 2 0 2 0 9
City		ate Zip Code	Transaction ID: 29579846
<u>Jamul</u> FEC ID number of co federal political comm		A 91935	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify)	Doo Agg	cupation ctor of Optometry gregate Year-to-Date 500.00	
Full Name (Last, First Dr Tracie M King Mailing Address 13	, Middle Initial) 23 South Hanover St		Date of Receipt 0 3 2 0 2 0 9
City	St	ate Zip Code	Transaction ID: 29579855
<u>Baltimore</u>	M	D 21230-4220	Amount of Each Receipt this Period
FEC ID number of co federal political comm			365.00
Name of Employer Self Employed		supation ctor of Optometry	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 365.00	
Full Name (Last, First	1		Date of Receipt
	Box 302 6 Davis Hill Road		03 20 2009
City New London	St N	ate Zip Code H 03257-0302	Transaction ID: 29579861 Amount of Each Receipt this Period
FEC ID number of co	ntributing	00257 0002	166.00
Name of Employer Self Employed		supation otor of Optometry	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts	This Page (optional)		1031.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 47 (check only one) X
0	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Robert M Theaker Mailing Address 12 Wyndemere Vale			Date of Receipt 0 3 / 2 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 29583402
	Monterey FEC ID number of contributing federal political committee.	CA	93940-5811	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr Marcus D Yeager Mailing Address 300 Tupawek Drive			Date of Receipt
	City	State	Zip Code	0 3 2 6 2 0 0 9 Transaction ID: 29583665
	West Monroe	LA	71291-7019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) Dr R. Scott Wooley			Date of Receipt
•	Mailing Address 34 Stoneforge Pike			03 25 2009
	City	State	Zip Code	Transaction ID: 29583810
	Flora	IL	62839-2325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
	SUBTOTAL of Receipts This Page (optional) .			1950.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr Peter V Candela Mailing Address P O Box 614			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State SC	Zip Code	Transaction ID: 29586996
	Blythewood FEC ID number of contributing federal political committee.	C	29016-0614	Amount of Each Receipt this Period 87.12
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 215.90	
- 3.	Full Name (Last, First, Middle Initial) Dr William E Dolan Mailing Address 2900 High Point Rd			Date of Receipt 0 3 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: 29587004
	Greensboro	NC	27403-4555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Dr Maryjane Healey			Date of Receipt
	Mailing Address 6710 124Th Place Se			03 27 2009
	City	State	Zip Code	Transaction ID: 29587482
	Snohomish	WA	98296-8649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .	1		652.12

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 47 (check only one) X
Ar	ny information copied from such Reports and Strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Dr Mark Joseph Page Mailing Address 3102 E Desert Broom	Way		Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 29587484
	Phoenix FEC ID number of contributing federal political committee.	C	85048-8316	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General	- '	f Optometry e Year-to-Date ▼	
 3.	Other (specify) Full Name (Last, First, Middle Initial) Dr Richard R Poole	0 0	250.00	Date of Receipt
•	Mailing Address 115 Crestview Drive			0 3 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 29590553
	Union FEC ID number of contributing federal political committee.	SC C	29379-9107	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Dr Paul A Paxman			Date of Receipt
	Mailing Address 8909 N Silver Lake Dr			03 / 27 / 2009
	City Cedar Hills	State UT	Zip Code 84062-8783	Transaction ID: 29590834
	FEC ID number of contributing federal political committee.	C	04002-0703	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)	1		865.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, of NAME OF COMMITTEE (I	her than using the name and a	ddress of any political committee to	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Dr Peter H Kehoe Mailing Address 789 N I City Galesburg FEC ID number of contributed federal political committee.	State IL	Zip Code 61401-2766	Date of Receipt M M M
Name of Employer Self Employed	Occupati Doctor	on of Optometry te Year-to-Date ▼ 525.00	
	kyline Drive	71. 0.4	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Laramie FEC ID number of contribu federal political committee.	Ů C	Zip Code 82070-8932	Transaction ID: 29590844 Amount of Each Receipt this Period 166.66
Name of Employer Self Employed Receipt For: Primary Gen Other (specify) ▼		on of Optometry te Year-to-Date ▼ 499.98	
Full Name (Last, First, Midd Dr Thomas E Nye Mailing Address 42 Tab			Date of Receipt 0 3 2 8 2 0 0 9
City Hamilton FEC ID number of contribution	State OH C	Zip Code 45013-5118	Transaction ID: 29590845 Amount of Each Receipt this Period 86.36
Name of Employer Self Employed	Occupati	on of Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggrega neral	te Year-to-Date ▼ 222.72	
SUBTOTAL of Receipts This	Page (optional)		428.02

A.

В.

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 32 / 47 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Andrea P Thau Date of Receipt Mailing Address 170 East 83 Street 28 03 2009 Zip Code City State Transaction ID: 29590847 New York NY 10028-1920 Amount of Each Receipt this Period FEC ID number of contributing 166.67 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 500.01 Other (specify) Full Name (Last, First, Middle Initial) Dr Lance I Alpert Date of Receipt Mailing Address 91 Pilgrim Road 0 3 31 2009 City State Zip Code Transaction ID: 29599142 West Hartford CT 06117-2244 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry**

		4400.07
SUBTOTAL of Receipts This Page (optional)	•	1166.67
TOTAL This Period (last page this line number only)	•	30485.43

Aggregate Year-to-Date ▼

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s)		E NUMBER: PAGE 33 / 47					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27	11y one) 22 X 23 28a 28k	24 25 26 28c 29 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	and address of any pointe	ai con	milities to s	olicit contributions	TIOH Such committee				
American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial) Carnahan In Congress				Transaction I Date of Disbu	D: 29492259 rsement				
Mailing Address 7370 Manchester Rd Ste	20			03 /	09 / 2009				
,	State Zip Code MO 63143			Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Candidate Contribution			011		1000.00				
Candidate Name Rep. Russ Carnahan			ategory/ Type						
Office Sought: X House Senate President State: MO District: 03	ment For: 2010 Primary General Other (specify)	l		Candidate C	ontribution				
Full Name (Last, First, Middle Initial) Mike Thompson For Congress				Transaction I	D: 29492379 rsement				
Mailing Address 5429 Madison Avenue				03 /	0 9 7 2 0 0 9				
7	State Zip Code CA 95841			Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Candidate Contribution			011		1000.00				
Candidate Name Rep. Michael Thompson			ategory/ Type						
	ment For: 2010 Primary General Other (specify)	I		Candidate C	ontribution				
Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan				Transaction I Date of Disbu	D: 29492380 rsement				
Mailing Address PO Box 871				03 /	0 9 / 2 0 0 9				
	State Zip Code ND 58502			Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Candidate Contribution			011		1000.00				
Candidate Name Sen. Byron L. Dorgan			ategory/ Type						
	ment For: 2010 Primary General Other (specify)	ı		Candidate C	ontribution				
SUBTOTAL of Disbursements This Page (optional) .			▶		3000.00				
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 34 / 47			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee					
Full Name (Last, First, Middle Initial)			Transaction ID: 29492381			
Friends Of Lois Capps			Date of Disbursement			
Mailing Address PO Box 23940			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & M \end{bmatrix} $			
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Perio			
Purpose of Disbursement	OA 93121		1000.00			
Candidate Contribution		011				
Candidate Name Rep. Lois Capps		Category/ Type				
Senate President	sement For: 2010 X Primary General Other (specify) ▼		Candidate Contribution			
State: CA District: 23						
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln			Transaction ID: 29492383 Date of Disbursement			
Mailing Address PO Box 3197			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$			
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio			
Purpose of Disbursement	7411 72200	• •	1500.00			
Candidate Contribution Candidate Name Sen. Blanche Lambert Lincoln		011 Category/				
	rsement For: 2010	Туре				
X Senate President	X Primary General Other (specify) ▼		Candidate Contribution			
State: AR District:						
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln			Transaction ID: 29492384 Date of Disbursement			
Mailing Address PO Box 3197			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio			
Purpose of Disbursement Candidate Contribution		044	1000.00			
Candidate Contribution Candidate Name Sen. Blanche Lambert Lincoln		O11 Category/				
	rsement For: 2010 Primary X General Other (specify)	Туре	Candidate Contribution			
State: AR District:						
			3500.00			

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	y Information copied for commercial purpo													
>	NAME OF COMMIT American Optom	TEE (In Full)												
	Full Name (Last, Fire Friends Of Phil H	,								ion ID:	_	92385	5	
	Mailing Address	224 18th Street P.O. Box 4183						O _V	3 ^M	[′] 0	9 /	YZ	o ŏ s	9 ^Y
	City Rock Island		S II	tate -	Zip Code 61204			An	ount c	f Each	Disbur		-	
	Purpose of Disburse Candidate Contribut						011	1	-			10	0.00	Û
	Candidate Name Mr. Philip Hare					Ca	ategory/ Type	'						
		House Senate President		nent For: Primary Other (spe	2010 General			Ca	ndida	te Con	tributi	on		
		vistrict: 17												
	Full Name (Last, Fire Bright For Congre	. ,						Da	te of D	ion ID:	ment			
	Mailing Address	P.O.Box 2106						lo _v	3 ^M	[′] 0	9 /	YZ	o ŏ s	9 [°]
	City Montgomery			tate L	Zip Code 36102			Am	ount c	f Each	Disbur	semer	t this I	Per
	Purpose of Disburse Candidate Contribut			\L	30102	Г	011	T E				10	0.00	0
	Candidate Name Bobby Bright					Ca	ategory/ Type	1						
		X House Senate President		nent For: Primary Other (spe	2010 General			Ca	ndida	te Con	tributi	on		
	Full Name (Last, First Tuesday Group F	st, Middle Initial)						I		ion ID:	-	92434	ļ	
	Mailing Address	PO Box 40385						0	3 ^M	[′] 0	9 /	Y 2	o ŏ s	9 ^Y
	City Washington			tate OC	Zip Code 20016			An	ount c	of Each	Disbur			
	Purpose of Disbursement Committee Contribution			011			l L				15	500.0	0	
	Candidate Name Tuesday Group F	PAC					ategory/ Type							
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							or the purpose of soliciting contributions licit contributions from such committee
	NAME OF COM	•					
	Full Name (Last, Pascrell For C	First, Middle Initial) ongress, Inc.					Transaction ID: 29504241 Date of Disbursement
ľ	Mailing Address	P O Box 640					03
1	City Totowa		State NJ	Zip Code 07511	e		Amount of Each Disbursement this Perio
(Purpose of Disbu Candidate Contril Candidate Name					011	1000.00
F	Rep. William J		Dishura amont F	·		Category/ Type	
	Office Sought: State: NJ	X House Senate President	Disbursement F X Prima Other		o eneral		Candidate Contribution
F		District: 08 First, Middle Initial) ongress					Transaction ID: 29504243 Date of Disbursement
1	Mailing Address PO Box 3176						$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}3^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}0^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}0\end{smallmatrix}9^{Y}$
	City Long Branch		State NJ	Zip Code 07740	e		Amount of Each Disbursement this Period
	Purpose of Disbu Candidate Contri					011	2000.00
	Candidate Name Rep. Frank Pa	llone, Jr.	_			Category/ Type	
	Office Sought: State: NJ	X House Senate President District: 06	Disbursement F X Prima Other		0 eneral		Candidate Contribution
	Full Name (Last, Schauer For C	First, Middle Initial) ongress	1				Transaction ID: 29539651 Date of Disbursement
N	Mailing Address	PO Box 100					03
	City Battle Creek		State MI	Zip Code 49016			Amount of Each Disbursement this Period
(Purpose of Disbu Candidate Contri			011			1000.00
F	Candidate Name Rep. Mark Sch					Category/ Type	
(Office Sought:	X House Senate President	Disbursement F X Prima Other		0 eneral		Candidate Contribution
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	ny Information copied from such Reports and States for commercial purposes, other than using the nan										
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	Full Name (Last, First, Middle Initial) Guthrie for Congress				Da		isburse	2955 ement 7		0 0 9	Y
	Mailing Address PO BOX 9639				0	3		1		009	_
	City Bowling Green	State Zip Code KY 42102			An	ount o	of Each	Disburs	-		-
	Purpose of Disbursement Candidate Contribution Candidate Name			011 ategory/					10	00.00	
	9 11	ement For: 2010 Primary Gener Other (specify)		Туре	Ca	ndida	te Cor	itributio	on		
	Full Name (Last, First, Middle Initial) National Republican Senatorial Committe Mailing Address 425 2nd Street, NE	е			Da	te of D	isburse	2955 ement 7 /		0 ŏ 9	Y
	City Washington	State Zip Code DC 20002			An	nount c	of Each	Disburs			-
	Purpose of Disbursement Committee Contribution Candidate Name National Republican Senatorial Committe	e		011 ategory/ Type] _	•			150	00.00	
	° H	ement For: Primary Gener	!	71	Co	nmitt	ee Co	ntributi	on		
	Senate President State: District:	Other (specify) ▼									
	President					te of D	ion ID:	ement			
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	President State: District: Full Name (Last, First, Middle Initial) Dirigo PAC		55		Da	te of D	oisburse / D	ement	Y 2	0 0 9 t this P	eriod
	President State: District: Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria Purpose of Disbursement Committee Contribution	Other (specify) ▼ State Zip Code	55	011	Da	te of D	oisburse / D	ement 7	Y 2	0 0 9	erio
	President State: District: Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria Purpose of Disbursement	Other (specify) ▼ State Zip Code	C	011 ategory/ Type	Da	te of D	oisburse / D	ement 7	Y 2	0 0 9 t this P	erioc
	President State: District: Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address PO Box 1355 City Alexandria Purpose of Disbursement Committee Contribution Candidate Name Dirigo PAC	Other (specify) ▼ State Zip Code	Ca	ategory/	Da O	3 M	of Each	ement 7	y y 2 semen 50	0 0 9 t this P	eriod

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NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Zack Space For Congress Committee			Transaction ID: 29553563 Date of Disbursement
Mailing Address 123 West High Avenue)		03 17 7 20 09
City New Philadelphia	State Zip Code OH 44663		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Zachary Space		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify) ▼		Candidate Contribution
State: OH District: 18 Full Name (Last, First, Middle Initial)			Transaction ID: 29556052
Pascrell For Congress, Inc.			Date of Disbursement
Mailing Address P O Box 640			03 7 18 7 2009
City Totowa	State Zip Code NJ 07511		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1500.00
Candidate Name Rep. William J. Pascrell, Jr.		Category/ Type	
Office Sought: X House Disbute Senate President State: NJ District: 08	x Primary General Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona			Transaction ID: 29556065 Date of Disbursement
Mailing Address PO Box 993			03 7 18 7 2009
City Prescott	State Zip Code AZ 86302		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Ann Kirkpatrick		Category/ Type	
Office Sought: X House Senate President State: AZ District: 01	xsement For: 2010 X Primary General Other (specify)		Candidate Contribution
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
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\mathbb{Z}	American Optometric Association Politica	I Action Committee		
	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress			Transaction ID: 29556067
				Date of Disbursement O 3 1 8 2 0 0 9
	Mailing Address 530 Seminole Drive			03 18 2009
	City Erie	State Zip Code PA 16505		Amount of Each Disbursement this Period
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	Kathleen Dahlkemper		Туре	
	Senate President	ement For: 2010 ☐ Primary ☐ General ☐ Other (specify) ▼		Candidate Contribution
	State: PA District: 03			
	Full Name (Last, First, Middle Initial) Boozman For Congress			Transaction ID: 29556068 Date of Disbursement
	Mailing Address PO Box 671			03 / 18 / 2009
	City Rogers	State Zip Code AR 72757		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. John N. Boozman		Category/ Type	
		ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Childers For Congress			Transaction ID: 29575283 Date of Disbursement
	Mailing Address PO Box 177			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Booneville	State Zip Code MS 38829		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Travis Childers	C	Category/ Type	
	Senate 2	ement For: 2010 (Primary General Other (specify)		Candidate Contribution
	State: MS District: 01			4500.00

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\rangle		ometric Association	n Political <i>F</i>	Action Co	mmittee									
	Full Name (Last, Ben Chandler	First, Middle Initial) For Congress								action II of Disbur	2957 sement	5284		
	Mailing Address	P. O. Box 1267	78						0 3	M / D	23 /	ž	o ģ 9	Y
	City Lexington			tate (Y	Zip Code 40508				Amou	nt of Eac	h Disburs			-
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	Candidate Name Rep. Benjamir	Chandler	T =				atego Type	•						
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	Candidate Name Mr. Philip Hare	e					atego Type							
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	State: IL	District: 17 First, Middle Initial)												
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	Mailing Address	PO Box 360							0,3		23 /	2 (o ŏ o	
	City Prescott			tate \R	Zip Code 71857				Amou	nt of Eac	h Disburs			-
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	Candidate Name Rep. Michael A	A. Ross					atego Type							
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)											
$ \rangle$	American Optometric Association Politica	Action Committee										
•	Full Name (Last, First, Middle Initial) Mike McMahon For Congress				Trans Date of		sburse	ement			Υ	Υ
	Mailing Address 66 Arnold Street				0 ^M 3		^D 2		L		o ŏ 9	
	City Staten Island	State Zip Code NY 10301			Amou	nt of	Each	Disbu	ursen	-		-
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_	Full Name (Last, First, Middle Initial)				Trans	acti	on ID:	: 29	5752	288		
	Friends Of Joe Pitts				Date o	of Di			t Y	Y	Y	Υ
	Mailing Address PO Box 775				0 3		2	23	Ľ	2 (o ŏ 9	
	City Unionville	State Zip Code PA 19375			Amou	nt of	Each	Disbu	ursen			eriod
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	Candidate Name Rep. Joseph R. Pitts		tego Type	-								
		ement For: 2010 Primary General Other (specify)			Candi	idate	e Cor	ntribu	ition			
	Full Name (Last, First, Middle Initial) Martin Heinrich For Congress				Trans Date	of Di	sburse	ement	5752			
	Mailing Address 2118 Central Avenue Si #71				0 3	M /	້2	23	Ľ	Ž (o ŏ 9	Y
	City Albuquerque	State Zip Code NM 87106			Amou	nt of	Each	Disbu	ursen	nent	this P	eriod
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	Candidate Name Martin Heinrich		tego Type									
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Optometric Association Politic	me and address of any politica											
K	American Optometric Association Folitic	ar Action Committee											
	Full Name (Last, First, Middle Initial) Peters For Congress Mailing Address PO Box 226							isburs	-			0 0 9	Y
	City	State Zip Code				Amou	int o	f Each	n Disb	ourse	ment	this P	eriod
	Bloomfield Hills	MI 48303					-				10	00.00	`
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Gary Peters				gory/		•	0			10	00.00	,
		sement For: 2010 X Primary General Other (specify)		Тур	oe	Cand	idat	e Coi	ntribı	ution	1		
	Full Name (Last, First, Middle Initial)					Trans			-		292		
	Jim Himes For Congress						of Di	isburs		nt / 🔻	· · · · · ·	Υ .	Υ
	Mailing Address 65 High Ridge Road Box 456					0 3	IVI	′	23	Ĺ	2	0 0 9	
	City Stamford	State Zip Code CT 06905				Amou	int o	f Each	n Disb	ourse	29 contributions committee 5290	eriod	
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	Candidate Name Mr. Jim Himes		1	-	gory/								
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	Full Name (Last, First, Middle Initial) Heath Shuler For Congress					Trans		isburs	emen		295		
	Mailing Address PO Box 8446					0 3	М	^D 2	23	/ Y	ž	0 ŏ 9	Y
	City Asheville	State Zip Code NC 28814				Amou	int o	f Each	n Disb	ourse	ment	this P	eriod
	Purpose of Disbursement Candidate Contribution		Г	01	1		_				10	00.00)
	Candidate Name Mr. Joseph Heath Shuler			ateg Typ	gory/ be								
	X	sement For: 2010 X Primary General Other (specify)	1			Cand	idat	e Coi	ntribı	ution	1		
	State. 140 District. 11						_						

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	-	NUMBER: PAGE 43 / 47
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 28c 29 3 3 3 3 3 3 3 3 3
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or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and addre	ss of any political	committee to so	olicit contributions from such committee
American Optometric Association Politic	cal Action Co	ommittee		
Full Name (Last, First, Middle Initial) Friends Of John McCain				Transaction ID: 29575675 Date of Disbursement
Mailing Address PO Box 16118				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & O \\ Q & O & O & 9 \end{smallmatrix} \end{bmatrix} $
City Arlington	State VA	Zip Code 22215		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution			011	1000.00
Candidate Name Sen. John S. McCain			Category/ Type	
X Senate President	ursement For: X Primary Other (spe	2010 General		Candidate Contribution
State: AZ District:				
Full Name (Last, First, Middle Initial) Arcuri For Congress				Transaction ID: 29585356 Date of Disbursement
Mailing Address P.O. Box 8508				03
City Utica	State NY	Zip Code 13505		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution			011	1000.00
Candidate Name Rep. Michael A. Arcuri			Category/ Type	
Senate President	ursement For: X Primary Other (spe	2010 General		Candidate Contribution
State: NY District: 24 Full Name (Last, First, Middle Initial)				
Searchlight Leadership Fund				Transaction ID: 29589731 Date of Disbursement
Mailing Address 426 C Street, NE Rear Bldg				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & Q & Q \end{smallmatrix} \end{bmatrix} $
City Washington	State DC	Zip Code 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Void Check			011	-5000.00
Candidate Name Searchlight Leadership Fund			Category/ Type	
Office Sought: House Disbution Senate President State: District:	Primary Other (spe	General ecify) ▼		Void Check
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		-	R:		F	AGE	44 /	47
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American Optometric Association Political	Action Co	mmittee											
/						1							
Full Name (Last, First, Middle Initial) Pat Roberts For US Senate Inc							Date	of Di	sburse				
Mailing Address PO Box 433							0 ^M 3	М	^D 3	0 /	Y	ž 0 Ď	9 [¥]
City Great Bend	State KS	Zip Code 67530					Amou	int of	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement Candidate Contribution			Г	0	11						1	0.000	0
Candidate Name Sen. Pat Roberts					egory/ ype								
X Senate X President	ement For: Primary Other (spe	2014 General					Candi	idat	e Cor	ntributio	n		
State: KS District: Full Name (Last, First, Middle Initial)										2050	010		
Mary Bono Mack Committee							Date	of Di	on ID: sburse				V
Mailing Address PO Box 3370							0 ^M 3	М	້ 3	1 /	Y 2	ž 0 Ď	9 ັ
City Palm Springs	State CA	Zip Code 92263					Amou	int of	f Each	Disburs	-		-
Purpose of Disbursement Candidate Contribution				Ó	11						5	0.000	0
Candidate Name Rep. Mary Bono Mack					egory/ ype								
Senate X President	ement For: Primary Other (spe	2010 General					Candi	idat	e Cor	ntributio	n		
State: CA District: 45													
Full Name (Last, First, Middle Initial) Friends Of Connie Mack							Date	of Di	sburse				
Mailing Address P.O. Box 519							0 ^M 3	М	3	1 /	Y 2	ž o ŏ	9 [*]
City Naples	State FL	Zip Code 34106					Amou	int of	f Each	Disburs			
Purpose of Disbursement Candidate Contribution				0	11			-				0.000	0
Candidate Name Rep. Connie Mack, IV					egory/ ype								
Senate X President	ement For: Primary Other (spe	2010 General					Candi	idat	e Cor	ntributio	n		
State: FL District: 14													
SUBTOTAL of Disbursements This Page (optional)					. •						70	0.000	0

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District: 11

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Political			
Full Name (Last, First, Middle Initial) Ryan For Congress Mailing Address P. O. Box 1919			Transaction ID: 29599171 Date of Disbursement M 3 M / D 3 D / Y 2 0 0 9 Y
Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Paul Ryan		011 Category/ Type	1000.00
X	ment For: 2010 Primary General Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial) Heath Shuler For Congress			Transaction ID: 29599173 Date of Disbursement
Mailing Address PO Box 8446			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}^Y $
Asheville	State Zip Code NC 28814		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name		011	1000.00
Mr. Joseph Heath Shuler Office Sought: X House Disburse	ment For: 2010	Category/ Type	Candidate Contribution
Senate X President	Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	60500.00

State: NC

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SCHEDULE B (FEC Form 3X)	Use separate schedule	(s)			IE NUME	BER:		PA	AGE	46 /	47
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Į į	_	nly one) 22 28		23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				y perso	n for the	ourpo	se of s	oliciting c		butions	
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee										
Full Name (Last, First, Middle Initial) Wachovia Federal					Dat M	e of D	Disburs	D / Y		2 2 0 0 9	Y
Mailing Address 1650 Tyson Blvd.					0	3		0		2008	9
•	State Zip Code VA 22102				Am	ount (of Each	Disburse	emer	nt this I	Period
Purpose of Disbursement Bank Fee 3/10/2009		Тг	00)1					. (920.9	7
Candidate Name			Cate	gory/							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Genera Other (specify)	al	,	<u> </u>	Ban	k Fe	e 3/10)/2009			
Full Name (Last, First, Middle Initial)					Tra	nsac	tion ID	: 29643	8614	1	
US Treasury					М	М	Disburs	D / \	/ <u> </u>	(<u>'</u> Y '	Υ
Mailing Address Internal Revenue Service	Center				0	3) 4	2	o ŏ s	9
	State Zip Code UT 84201				Am	ount (of Each	Disburse	mer	nt this I	Period
Purpose of Disbursement Federal Taxes 2008		Тг	0/	24	1 L				. 8	318.0	0
Candidate Name				gory/ pe							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Genera Other (specify)	al			Fed	eral	Taxes	2008			
Full Name (Last, First, Middle Initial) Bank of America					1		tion ID	: 29680	888	3	
Mailing Address PO Box 790251								2 /	2	0 ŏ 9	9 Y
	State Zip Code MO 63179				Am	ount (of Each	Disburse	emer	nt this I	Period
Purpose of Disbursement Bank of America Bank Fee 3/2009		Тг	00	1					. (981.0	3
Candidate Name			Cate	gory/							
Office Sought: House Disburse Senate President	ment For: Primary Genera Other (specify)	al			Ban 3/20		Ameri	ca Bank	Fee	Э	
State: District:											
SUBTOTAL of Disbursements This Page (optional) .				<u> </u>					27	20.0	0

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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			OR LIN			R:			P	AGE	47 /	47
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ĕ	_	П	22 28a		23 28b	F	24 28c		25 29	26 30k
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NAME OF COMMITTEE (In Full)														
American Optometric Association Political	Action Co	mmittee												
Full Name (Last, First, Middle Initial)							Trans	acti	on ID):	29680	944	ļ	
Bank of America							Date of	of D		_				
Mailing Address PO Box 790251							0 ^M 3	М	/ D	0 :	^D /	Ž	0 0 9	e Y
•	State MO	Zip Code 63179					Amou	nt o	f Eacl	n [Disburse	men	t this I	Period
Purpose of Disbursement													24.9	8
Discover Fee 3/2009				0	01									
Candidate Name					egory/ vpe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼				ı	Disco	ver	Fee	3/	2009			
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Purpose of Disbursement American Express Fee 3/2009				0	01		L.					2	277.8	8
Candidate Name					egory/									
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Full Name (Last, First, Middle Initial) Bank of America							Trans Date o		isburs	er		138	3	
Mailing Address PO Box 790251							0 ^M 3	М	/ D	1 (^D /	Ž	o ŏ s	e Y
•	State MO	Zip Code 63179					Amou	nt o	f Eacl	n [Disburse	men	t this I	Period
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